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B1b Data Sheet

CONFIRMATION NO. 4750

SERIAL NUMBER 10/710,751	FILING DATE 07/30/2004 RULE	CLASS 029	GROUP ART UNIT 3729	ATTORNEY DOCKET NO. 3029
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## APPLICANTS

Nahid Islam, Westmont, IL;

Joon Lee, Bolingbrook, IL;  
David John Ball, Chicago Ridge, IL;\*\* CONTINUING DATA ..... None TN\*\* FOREIGN APPLICATIONS ..... None TN

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	5	2118	42

## ADDRESS

31424  
 BABCOCK IP LLC  
 24154 LAKESIDE DRIVE  
 LAKE ZURICH, IL  
 60047

## TITLE

Axial Compression Tool and method of use

TNTN

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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